## FORECLOSURE DIVERSION PROGRAM

## **Maine Administrative Office of the Courts**

P.O. Box 4820 Portland, ME 04112

## Exit Survey MEDIATION

Name of Mediator:				Date of Mediation:			
I am:	Pl	aintiff Plaintiff	s Attorney	Defendant	Defendar	nt's Attorney	
Name and	cont	tact information (Option	nal):				
1.	Ple	ease indicate the extent	gree with the follo	wing statements	:		
	a.	The mediator explained the process so that I knew what to expect during the mediation session.					
		Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	
	b.	The mediator was fair					
		Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	
	c. I was satisfied with the way the mediator handled the case.						
		Strongly Agree	Agree	Not Sure	Disagree	Strong Disagree	
	d.	Mediation helped us e	ediation helped us explore different ideas to resolve the case.				
		Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	
	e. I was satisfied with the outcome of the mediation session.						
		Strongly Agree	Agree	Not Sure	Disagree	Strong Disagree	
2.	Mediation had the following impact on this			his case:			
	Settled the case Settled some of the issues			No impact			
				Other			
Moved the case toward settlement							

Please use this space and/or the back of this form to share any other comments about your

3.

experience.